

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>MTK INC 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1993</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1993</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MTK INC/ Q LABORATORIES</u> <u>1400 HARRISON AVE</u> <u>CINCINNATI, OH 45214-1606</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1163734</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-471-1300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541380</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1163734</u>	2c Plan Sponsor's telephone number <u>513-471-1300</u>	2d Business code (see instructions) <u>541380</u>	
2b Employer Identification Number (EIN) <u>31-1163734</u>					
2c Plan Sponsor's telephone number <u>513-471-1300</u>					
2d Business code (see instructions) <u>541380</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	11/12/2015	DAVID GOINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/12/2015	DAVID GOINS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 122
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 96 6a(2) 104 6b 0 6c 30 6d 134 6e 0 6f 134 6g 111 6h 16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>MTK INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MTK INC/ Q LABORATORIES</u>	D Employer Identification Number (EIN) <u>31-1163734</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>MERRILL LYNCH, PIERCE, FENNER</u>	<u>WORLD FINANCIAL CENTER</u> <u>250 VESEY STREET</u> <u>NEW YORK, NY 10281</u>
<u>13-5674085</u>	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>PAYCHEX SECURITIES CORPORATION</u>	
<u>16-1486352</u>	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	BROKERAGE		Yes ☒ No ☐	Yes ☐ No ☒	14948	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PAYCHEX, INC.

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	4215	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH, PIERCE, FENNER	52 59 60 63	14948

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH, PIERCE, FENNER 4 WORLD FINANCIAL CENTER 250 VESEY STREET NEW YORK, NY 10281 13-5674085	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MTK INC 401(K) PROFIT SHARING PLAN & TRUST</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MTK INC/ Q LABORATORIES</u>		D Employer Identification Number (EIN) <u>31-1163734</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	204
	(2) Participant contributions.....	1b(2)	2739	4824
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	141431	151493
	(2) U.S. Government securities	1c(2)	0	
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	
	(B) All other	1c(3)(B)	0	
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	
	(B) Common.....	1c(4)(B)	0	
	(5) Partnership/joint venture interests	1c(5)	0	
	(6) Real estate (other than employer real property).....	1c(6)	0	
	(7) Loans (other than to participants)	1c(7)	0	
	(8) Participant loans.....	1c(8)	20009	27750
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	647284	762057
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	811463	946328

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	811463	946328
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4380	
(B) Participants	2a(1)(B)	101472	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		105852
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	872	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		872
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	86095	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		86095
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-50551
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		142268

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3260	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3260
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	4143	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4143
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7403

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		134865
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WHITMER & COMPANY CPAS LLC

(2) EIN: 31-1223798

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		75000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☒ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MTK INC 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MTK INC/ Q LABORATORIES		D Employer Identification Number (EIN) 31-1163734
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 16-1470238		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

MTK INC.
401-k PROFIT SHARING PLAN AND TRUST
FINANCIAL STATEMENTS
YEAR ENDED
DECEMBER 31, 2014

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Whitmer

& Company CPA's, LLP

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
MTK Inc. 401-k Profit Sharing Plan and Trust
Cincinnati, Ohio

We were engaged to audit the accompanying financial statements of MTK Inc. 401-k Profit Sharing Plan and Trust, which comprise the Statement of Net Assets Available for Benefits and Statement of Changes in Net Assets Available for Benefits as of December 31, 2014, and for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with auditing standards general accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Basis for Disclaimer of Opinion

The Plan's records and procedures are not adequate to assure the completeness of participants' data on which contributions and benefit payments are determined, and we were unable to perform all of the other auditing procedures with respect to participants' data maintained by the participating employer.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements referred to in the first paragraph.

Prior Period Financial Statements

The 2013 statement of net assets available for benefits of MTK Inc. DBA Q Laboratories Employees 401-k Profit Sharing Plan was compiled by us, and our report thereon, dated October 7, 2015, stated we did not audit or review the financial statement and, accordingly, did not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying index, together referred to as "Supplemental Information", are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the effects on the supplemental information of the matter described in the Basis for Disclaimer of Opinion paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Whitmer & Company CPA's, LLP
Cincinnati, Ohio

October 7, 2015

**MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 (AUDITED) AND 2013 (COMPILED)**

ASSETS

	<u>2014</u>	<u>2013</u>
Cash and Cash Equivalents	\$ 151,493	\$ 141,431
Investments at Fair Value (Note E)	<u>762,057</u>	<u>647,284</u>
Total Investments	<u>762,057</u>	<u>647,284</u>
Receivables		
Participants' contributions	4,824	2,739
Employer's contributions	204	-
Notes receivable from participants	<u>27,750</u>	<u>20,009</u>
Total Receivables	<u>32,778</u>	<u>22,748</u>
Total Assets	946,328	811,463

LIABILITIES

Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 946,328</u></u>	<u><u>\$ 811,463</u></u>

See accompanying notes and independent auditors' report.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

	<u>Participant Directed</u>
	<u>2014</u>
Additions	
Additions to net assets attributed to:	
Investment income (loss)	
Net appreciation (depreciation) in	
fair value of investments	\$ (50,551)
Dividends/Interest/Capital gain distribution	86,095
	<u>35,544</u>
Interest income on notes receivable from participants	<u>872</u>
Contributions	
Participants'	101,472
Employer's	4,380
	<u>105,852</u>
Total Additions	<u>142,268</u>
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	3,260
Miscellaneous fees	4,143
	<u>7,403</u>
Total Deductions	<u>7,403</u>
Net Increase	134,865
Net Assets Available for Benefits	
Beginning of year	<u>811,463</u>
End of year	<u><u>\$ 946,328</u></u>

See accompanying notes and independent auditors' report.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

NOTE A - DESCRIPTION OF PLAN

The following description of the MTK Inc. (“Company”) 401-k Profit Sharing Plan (“Plan”) and Trust provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all qualified employees of the Company who are age eighteen or older and there is no eligibility service requirement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan and determines the appropriateness of the Plan’s investment offerings, monitors investments and performance.

Contributions

Each year participants may contribute any amount from zero percent up to twenty-five percent of pretax annual compensation as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers sixty eight investment options for participants. The Company contributes five percent of the contributing participants elective deferral for amounts less than or equal to fifteen percent. Additional profit sharing amounts may be contributed at the option of the Company’s Board of Directors. Contributions are subject to certain limitations.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings, and charged an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

<u>Years of Service</u>	<u>Nonforfeitable Percentage</u>
Less than 2 years	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 years and over	100%

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in any of the sixty eight investment options selected by the company.

Participants may change their investment options daily.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of the present value of the nonforfeitable individual's account balance. The loans are secured by the balance in the participant's account and bear interest at rates which approximates 4%, commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions. Interest received on these accounts was \$872 for 2014.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

Payment of Benefits

On termination of service due to death, disability, retirement or separation from service, a participant will receive a lump sum distribution of the value of the vested interest in their account. A participant who has attained age 59 ½ or who has reached the Plan's normal retirement age and has not separated from service may receive a distribution of their vested account balance.

Forfeited Accounts

Forfeitures may be applied to reduce the employer's contribution at the end of the Plan year during which the participant received distribution of his or her vested interest. Employer contributions were not reduced by the forfeited non-vested accounts in 2014. As of December 31, 2014, forfeited non-vested accounts totaled \$140.

Administrative Costs

The employer absorbs significant costs of the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through October 7, 2015, which is the date the financial statements were available to be issued.

Basis of Accounting

The accounting records of the Plan are maintained on the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2014, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are stated at fair market value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Participant loans are valued at their outstanding balances which approximate fair value.

Interest income is recorded on the accrual basis. Dividends are recorded when earned (the ex-dividend date). Purchases and sales of securities are recorded on a trade date basis. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company.

NOTE C – DISCLAIMER OF OPINION

As referred to in the independent auditors' report, the auditors disclaimed an opinion because of the inadequacy of the records. The inadequacy for prior period balances is due to the inconsistency with a definition of compensation between practice and amended plan documents. Practice has been to exclude employees' bonuses, per the employees' request. However, the plan document clearly defines bonuses as part of the definition of compensation. Therefore, if compensation has not been correctly interpreted since the inception of the plan, the participants' balances may not be accurate. Additionally, as a result of improper withholding on the employees' contributions, the Company's match may not have been properly calculated in all prior periods.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

NOTE D - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts including their employer contributions.

NOTE E - TAX STATUS

The Plan obtained its latest determination letter on December 8, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examination for years prior to 2011.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

NOTE F - INVESTMENTS

The Plan's investments are held in a trust fund administered by an independent trust company. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee. Investments that represent five percent or more of the Plan's net assets as of December 31, 2014 are separately identified *.

<u>Investment</u>	<u>2014</u> <u>Fair Value</u>
Invesco Developing Markets Fund CL C	\$ 2,399
Ivy European Opportunities Fund CL C	695
Oppenheimer Main Street Mid Cap Fund Class C	25,088
JP Morgan Core Plus Bond Fund CL C	2,707
Blackrock Small Cap Growth FD II B	1,032
Blackrock Large Cap Core FD B	530
Blackrock Large Cap Growth Fund C	36,921
Blackrock Large Cap Value FD B	1,214
Pioneer High Yield Fund CL C	5,157
Columbia Seligman Communications & Info C	820
Blackrock HL SC OPP C	9,087
Alliance Bernstein Intl Value CL C	438
Janus Overseas FD CL C	21,066
Federated Kaufmann Fund CL C	5,289
Columbia Midcap Value FD C	29,993
Alger Health Sciences C	* 66,588
Thornburg Income Builder Fund Class C	4,203
Victory Special Value FD Class C	546
Ivy Large Cap Growth Fund CL C	29,807
Oppenheimer Real Estate Fund CL C	2,363
Invesco American Value Fund CL C	2,820
Invesco Small Cap Value Fund C	23,378
Invesco Equity and Income Fund C	69
Invesco Small Cap Discovery Fund C	14,615
Invesco Mid Cap Growth Fund C	4,074
Henderson International Opportunities FD CL C	6,952
Wells Fargo ADV TRADL SM Cap Growth FD CL A	3,871

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

Blackrock US Government Bond Portfolio B1		4,528
JP Morgan International Value Fund CL C		2,513
Blackrock Flexible Equity Fund CL C		9,080
Eaton Vance Large Cap Value Fund Class C		10,618
Blackrock Balanced Capital FD Inc C		667
Blackrock Emerging Markets Fund C		4,820
Blackrock Capital Appreciation FD, INC. B		6,820
Blackrock Value Opportunities FD INC C		4,594
Blackrock Equity Dividend FD C		20,640
Blackrock Global Allocation FD INC C	*	53,715
Blackrock Global Smallcap FD INC C		14,970
Davis NY Venture FD CL C		1,349
Invesco Real Estate Fund CL C		5,306
Oppenheimer Core Bond Fund Class C		5,607
Thornburg Value Fund Class C	*	51,795
Columbia Small Cap Value I FD CL C		14,120
Pioneer Emerging Markets Fund Class C		3,554
Pioneer Mid Cap Value FD		3,714
Oppenheimer Internatl Growth FD CL C		16,143
AllianceBernstein International Growth C		12
Blackrock Small Cap Growth Equity Port CL C	*	59,823
Franklin Small Cap Value FD Class C		2,786
Franklin Mutual Global Discovery FD CL C		2,990
Invesco U.S. Government Fund CL C		1,502
Invesco International Growth Fund CL C		3,903
Alger Mid Cap Growth Fund CL C		24,834
Alger Capital Appreciation FD CL C	*	43,368
Goldman Sachs Government Income Fund CL C		1,191
Davis Financial FD CL C		355
Blackrock INTL OPP Port C		6,662
MFS Value FD CL C		9,595
Invesco European Growth Fund CL C		618
Thornburg International Value FD C		28,909
MFS Global High Yield Fund Class C		1,444

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

Blackrock International FD B	310
Blackrock Science & Technology OPPS PTF CL C	24,314
Blackrock Basic Value Fund INC B	7,991
Blackrock Value OPPORT FD INC B	1,853
Blackrock Global Allocation FD INC B	<u>3,326</u>
 Total Investments	 <u><u>\$ 762,057</u></u>
 Net appreciation (depreciation) in fair value of investments	 <u><u>\$ (50,551)</u></u>
 Interest income/dividend income/capital gain distributions	 <u><u>\$ 86,095</u></u>

NOTE G - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consists of unadjusted quoted prices in active markets for identical assets and have the highest priority and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

The money market fund is not insured by the FDIC or any government agency and its value is approximated for this purpose by the broker.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment at fair value as of December 31, 2014.

Fair Value Measurement at the End of the Reporting Period Using:

		<u>Fair Value Measurements Using:</u>		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		<u>Fair Value</u>		
<u>December 31, 2014</u>				
Mutual Funds:				
Balanced fund	\$ 147,918	\$ 147,918	\$ -	\$ -
Growth funds	415,073	415,073	-	-
Fixed income funds	27,492	27,492	-	-
Value funds	<u>171,574</u>	<u>171,574</u>	<u>-</u>	<u>-</u>
Total Mutual Funds	<u>762,057</u>	<u>762,057</u>	<u>-</u>	<u>-</u>
Money market fund	<u>151,493</u>	<u>-</u>	<u>151,493</u>	<u>-</u>
Total assets at fair value	<u>\$ 913,550</u>	<u>\$ 762,057</u>	<u>\$ 151,493</u>	<u>\$ -</u>

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2014 are reported in net appreciation in fair value of investments.

**NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H
OF FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 to Schedule H of Form 5500.

	<u>2014</u>
Net assets available for benefits per the financial statements	\$ 946,328
Rounding	<u>-</u>
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 946,328</u>

NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
EIN: 31-0619017
PLAN NUMBER: 003
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

<u>Description</u>	<u>Shares or Face</u>	<u>Cost</u>	<u>Current Value</u>
Invesco Developing Markets Fund CL C	80	\$ 2,538	\$ 2,399
Ivy European Opportunities Fund CL C	26	623	695
Oppenheimer Main Street Mid Cap Fund Class C	971	23,910	25,088
JP Morgan Core Plus Bond Fund CL C	324	2,723	2,707
Blackrock Small Cap Growth FD II B	97	1,223	1,032
Blackrock Large Cap Core FD B	31	433	530
Blackrock Large Cap Growth Fund C	3,102	32,209	36,921
Blackrock Large Cap Value FD B	56	1,077	1,214
Pioneer High Yield Fund CL C	518	5,564	5,157
Columbia Seligman Communications & Info C	19	869	820
Blackrock HL SC OPP C	200	8,062	9,087
Alliance Bernstein Intl Value CL C	36	431	438
Janus Overseas FD CL C	677	28,137	21,066
Federated Kaufmann Fund CL C	1,024	5,313	5,289
Columbia Midcap Value FD C	1,836	28,856	29,993
Alger Health Sciences C	3,574	68,134	66,588
Thornburg Income Builder Fund Class C	201	3,831	4,203
Victory Special Value FD Class C	26	489	546
Ivy Large Cap Growth Fund CL C	1,864	26,808	29,807
Oppenheimer Real Estate Fund CL C	84	2,050	2,363
Invesco American Value Fund CL C	83	2,976	2,820
Invesco Small Cap Value Fund C	1,485	24,516	23,378
Invesco Equity and Income Fund C	6	73	69
Invesco Small Cap Discovery Fund C	1,677	16,133	14,615
Invesco Mid Cap Growth Fund C	137	4,309	4,074
Henderson International Opportunities FD CL C	281	6,301	6,952
Wells Fargo ADV TRADL SM Cap Growth FD CL A	220	4,026	3,871
Blackrock US Government Bond Portfolio B1	424	4,322	4,528
JP Morgan International Value Fund CL C	197	2,523	2,513
Blackrock Flexible Equity Fund CL C	843	8,048	9,080
Eaton Vance Large Cap Value Fund Class C	566	11,102	10,618

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
EIN: 31-0619017
PLAN NUMBER: 003
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

<u>Description</u>	<u>Shares or Face</u>	<u>Cost</u>	<u>Current Value</u>
Blackrock Balanced Capital FD Inc C	30	680	667
Blackrock Emerging Markets Fund C	299	4,858	4,820
Blackrock Capital Appreciation FD, INC. B	351	6,757	6,820
Blackrock Value Opportunities FD INC C	189	3,685	4,594
Blackrock Equity Dividend FD C	849	16,122	20,640
Blackrock Global Allocation FD INC C	2,956	54,049	53,715
Blackrock Global Smallcap FD INC C	714	14,960	14,970
Davis NY Venture FD CL C	38	1,490	1,349
Invesco Real Estate Fund CL C	201	4,586	5,306
Oppenheimer Core Bond Fund Class C	809	5,596	5,607
Thornburg Value Fund Class C	1,107	37,813	51,795
Columbia Small Cap Value I FD CL C	425	15,434	14,120
Pioneer Emerging Markets Fund Class C	224	4,814	3,554
Pioneer Mid Cap Value FD	184	4,019	3,714
Oppenheimer Internatl Growth FD CL C	480	14,827	16,143
AllianceBernstein International Growth C	-	12	12
Blackrock Small Cap Growth Equity Port CL C	6,098	83,549	59,823
Franklin Small Cap Value FD Class C	56	3,082	2,786
Franklin Mutual Global Discovery FD CL C	92	2,956	2,990
Invesco U.S. Government Fund CL C	167	1,507	1,502
Invesco International Growth Fund CL C	131	3,809	3,903
Alger Mid Cap Growth Fund CL C	2,851	17,929	24,834
Alger Capital Appreciation FD CL C	2,511	39,979	43,368
Goldman Sachs Government Income Fund CL C	79	1,203	1,191
Davis Financial FD CL C	10	360	355
Blackrock INTL OPP Port C	238	7,489	6,662
MFS Value FD CL C	277	8,776	9,595
Invesco European Growth Fund CL C	19	669	618
Thornburg International Value FD C	1,162	29,714	28,909
MFS Global High Yield Fund Class C	227	1,514	1,444

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
EIN: 31-0619017
PLAN NUMBER: 003
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

<u>Description</u>	<u>Shares or Face</u>	<u>Cost</u>	<u>Current Value</u>
Blackrock International FD B	23	308	310
Blackrock Science & Technology OPPS PTF CL C	1,902	22,155	24,314
Blackrock Basic Value Fund INC B	297	9,057	7,991
Blackrock Value OPPORT FD INC B	73	1,428	1,853
Blackrock Global Allocation FD INC B	172	<u>3,262</u>	<u>3,326</u>
Total Investments		<u>\$ 756,057</u>	<u>\$ 762,057</u>

	<u>Party in Interest</u>	<u>Issuer</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
December 31, 2014	*	Participant Loans	4.00%	\$ -	\$ 27,750

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
EIN: 31-0619017
PLAN NUMBER: 003
SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2014

<u>Description</u>	<u>Selling Price</u>	<u>Cost of Assets</u>	<u>Gain (Loss)</u>
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It is not required as the Plan is 100% participant-directed.

SUPPLEMENTAL SCHEDULES

MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
EIN: 31-0619017
PLAN NUMBER: 003
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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MTK INC. 401-k PROFIT SHARING PLAN AND TRUST
EIN: 31-0619017
PLAN NUMBER: 003
SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2014

<u>Description</u>	<u>Selling Price</u>	<u>Cost of Assets</u>	<u>Gain (Loss)</u>
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